

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7	/						57						
8		3					58						
9		3					59						
10	/						60						
11	/						61						
12		2					62						
13		2					63						
14		2					64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19		1					69						
20							70						
21							71						
22	/						72						
23	/						73						
24	/						74						
25		3					75						
26		3					76						
27	/						77						
28	/						78						
29		2					79						
30		2					80						
31		2					81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38		3					88						
39		①					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						